

Child daily care: needs and vulnerabilities from the perspective of adolescent mothers

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Received: 10/06/2015.

Accepted: 07/25/2016.

Published: 12/22/2016.

Suggested citation:

Santos JS, Yakuwa MS, Andrade RD, Henrique NCP, Mello DF. Child daily care: needs and vulnerabilities from the perspective of adolescent mothers. Rev. Eletr. Enf. [Internet]. 2016 [cited ___/___/___];18:e1199. Available from: <http://dx.doi.org/10.5216/ree.v18.37864>.

ABSTRACT

This study aimed to analyze the care of children from the perspective of adolescent mothers, in order to identify vulnerabilities and needs in the nursing care scope. This is an exploratory research with inductive, qualitative thematic analysis of the data, based on recorded interviews with 20 adolescent mothers of children between six months and under two years old, registered and assisted by Family Health teams of the municipality of Passos, Minas Gerais, Brazil. The maternal reports express aspects about the daily care of the child, attention to their needs, coping with difficulties and recognition of vulnerable situations. Maternal care in adolescence was a unique experience, with maternal reports that point out aspects to be more explored by healthcare professionals, especially by nursing, in search of support offer and enhance maternal trust.

Descriptors: Pregnancy in Adolescence; Child Care; Nursing Care; Child Health; Primary Care Nursing.

INTRODUCTION

Daily care of children is essential to meet needs and guarantee rights, taking into account their vulnerability⁽¹⁻²⁾. Children have essential needs, which involve ongoing supportive relationships, physical protection, safety, experiences that respect individual differences, appropriate developmental situations, setting boundaries and expectations, stable and supportive communities and cultural continuity⁽³⁾. The conception of vulnerability refers to the fragility and dependence of the child, not restricted to issues of social insertion, but

also to relationships between children and adults⁽⁴⁾.

Adolescence is a phase of profound changes⁽⁵⁾, in which the adolescent must be glimpsed according to their singularities and interactions with the family and social context⁽⁶⁾. Adolescent motherhood is a peculiar situation that, depending on the conjuncture and the perspectives of the adolescent's life, may assume different meanings and boundaries⁽⁵⁾. In a context with limited social opportunities, pregnancy-maternity emerges as a form of greater autonomy, proof of femininity and social recognition, as well as allowing the experience of certain affections, such as love and affection⁽⁷⁾.

In assuming responsibilities for child care, the adolescent mother may refer to lack of preparation and insecurity, experiencing difficulties in identifying the child's needs and coping with daily situations, such as cramping and crying at night⁽⁸⁻⁹⁾. Thus, the adolescent needs a strengthened support network⁽¹⁰⁾, which can be composed of family members, friends, health professionals, social workers and teachers⁽¹¹⁾.

Attention to the adolescent mother is a challenge for health professionals⁽¹⁰⁾, revealing the importance of the professional's capacity to identify and deal with the demands of the adolescent and the child, understanding the social and cultural context in which motherhood develops⁽¹²⁾ and avoiding prescriptive and imposing actions in the relationship with the adolescent⁽⁸⁾.

In this scenario, problematizing issues related to child care, given the particularities of adolescent motherhood becomes relevant to identify needs and vulnerabilities to childhood development, present in daily care, and strengthening the potential of the adolescent mother⁽¹³⁻¹⁴⁾. Thus, this study aimed to analyze the care of children from the perspective of adolescent mothers, in order to identify vulnerabilities and needs in the nursing care scope.

METHODS

This is an exploratory research with a qualitative approach⁽¹⁵⁾ carried out in the city of Passos, Minas Gerais, in 2014.

Adolescent mothers who met the following inclusion criteria participated: age between 12 and 18 years, child between six months and under two years, enrolled and assisted by the Family Health teams (FH). Exclusion criteria were mothers who were being treated due to mental health problems, interruption of follow-up at the Family Health Units (FHU), change in FHU coverage area, or not found after three attempts at home in different times.

The 17 FH teams of the municipality were arranged in descending order according to the number of adolescent mothers registered between 2012 and 2013. Firstly, we contacted the adolescents belonging to the area of coverage of the first FHU of the elaborated sequence, and so on, until theoretical saturation⁽¹⁶⁾.

To data collection, we used semi-structured interview, recorded, with guiding questions, which sought to raise aspects about difficulties and facilities perceived by adolescents in the child daily care. The first author conducted the interview at the home of each adolescent mother, after consent of her legal representative and consent of the adolescent, with an average duration of 50 minutes. The scope of the

study object through the interviews based on theoretical saturation⁽¹⁶⁾, which occurred with the 20th interview. There was no refusal to participate in this study. Participants were named E1, E2 ... E20.

For data analysis we used the inductive thematic analysis, coding process based on the data collected⁽¹⁵⁾. Therefore, two thematic units emerged that reflect the main care reported by the interviewees: Child care and attention to their needs; Child care and recognition of vulnerabilities.

The interviews were only carried out after approval of the research project by the Ethics Committee of the Higher Education Foundation of Passos (FESP), Opinion no. 507.936, CAAE: 21800413.9.0000.5112. We used a Free and Clarified Consent Term, and a Term of Assent, following the regulating guidelines and standards on research involving human beings.

RESULTS

The study participants were predominantly adolescents between 16 and 17 years-old, single students, who had a family income of up to one minimum wage, and had a child. With regard to daily care, 17 adolescent mothers reported having the help of other persons, citing the maternal grandmother and the child's father, as well as the mother-in-law, father/stepfather, grandmother, sisters, cousins and aunts of the adolescent.

In general, the qualitative material showed perceptions of the adolescent mother about some of the child's needs that need to be met, as well as difficulties faced in daily care that reflect vulnerabilities to children's health.

Child care and attention to their needs

In the adolescent mothers' reports, the child is seen according to some needs. Here, we highlight the relevance of a primary caregiver, maternal and paternal figure presence. The participation and involvement of these persons are pointed out in relation to the establishment of affective bonds with the child.

I give her a lot of affection [daughter]. Her father works all day. When he arrives, she [daughter] becomes happy because of him. [...] Her father and I have to give her a lot of love and a lot of affection and we have to live well, with much love, because the child perceives. (E10)

I think every child needs the presence of the father. The need, but he [son] is very close to me, being with me I think he [son] is happy, I give him a lot of affection [son]. (E14)

The play seems to be a way to establish interaction with the child. The family can contribute in these moments, which implies time and availability to care for and interact.

I think the family can help by playing with them [children], making them happy. (E6)

I play a lot with him [son], but my mother [grandmother] plays more. She has more patience. (E18)

They mentioned the importance of institutional supports for the daily care of the child. The day care center is a contribution to its development.

The day care center was good for her, too, because she is very lonely, she only plays with a little girl who lives nearby... Now, in the day care center, there is a lot of children to play with. She likes, doesn't cry to go, she likes it. (E12)

Some other daily care, such as feeding, body hygiene and monthly monitoring of child growth and development are listed as important for the comfort and protection of the child.

Taking good care of his health is important, feeding him well, always cleaning him. (E5)

Every month I take her to be weighed. These days ago, I took her to the pediatrician to a general review, a routine appointment, to check how she was, if she was okay. (E10)

Understanding specific child needs to each stage of development helps the adolescent mother to take steps to protect the child.

He is on a phase in which he wants attention, wants to play, and there are times that my husband is watching television and he thinks our son has to be quietly on his lap [...] And our son does not want to watch that, he likes cartoon, but there is a limit, he does not spend much time watching TV. [...] Then my husband gets mad about it. [...] so, I pick up our son, so he does not keep on stressing, otherwise I think he might even beat him, because he screams too much. (E5)

Child care and vulnerability recognition

During the daily care of the child, adolescent mothers refer to facing difficulties. Aspects related to lack of preparation and insecurity in child care appear in the reports, showing the need for information and interaction to broaden their experiences.

It's been too complicated to take care of her, I thought it was easier. It's my first daughter, so it's being very complicated. [...]. I think that taking care of her is hard because I had no experience. (E20)

It was more difficult to shower him. [...]. He was very small and I was afraid to hurt him. (E14)

[...] she stayed up all night with earache and I did not know what it was. I put the washcloth in her ear, tried to make her sleep, but she stayed up all night crying [...] Later I found out that maybe it was her ear [...] (E10)

Faced with this frame of insecurity and fear, the child's grandmother is seen as a reference for daily care, providing support.

When I was pregnant, I thought it would be difficult to take care of him, but my mother helps me a lot, and I realized it's not that difficult. [...] Wow, I was terrified of bathing him. Then, in the beginning, my mother began to shower him, and taught me. Later, I learned, I lost the fear of bathing him. (E2)

My mother did it and made me feel safe. She would say, "It's like this, this way." (E9)

Adolescent mothers also mentioned difficulties related to breastfeeding. The situations portray difficulties in managing with the child, to quench hunger, control crying and balance sleep.

I had trouble breastfeeding. My daughter weaned with three months, I had low milk and she weaned [...] The same thing happened with my son [...] I had no guidance from any professional, and I was discouraged too, you know? My baby used to cry a lot, and I got nervous, he was hungry and my milk did not support because I had low milk, then I got discouraged from breastfeeding and started giving the other milk [artificial breastfeeding]. (E6)

The introduction of complementary food, regarding the child acceptance, becomes a moment of difficulty in care, in the supply of new foods and in the establishment of limits.

It was very tricky when it came time to give her some baby food because it is pretty hard to make her eat. She does not like baby food. [...] If you add meat she doesn't eat, if you add a vegetable she doesn't eat, it's like that. [...]. The vegetables I force her to eat, I insist until she eats, but not the rice, there is no way. I mash potato, zucchini, so she eats. But if I add rice, then she throws everything away. (E20)

Sadness after childbirth is another aspect of extreme importance. The ambivalence of feelings towards the child causes immense suffering and anguish in the adolescent mother:

I went into the bedroom, I looked at her, you know when you look at the child and you don't feel like holding her, you don't feel like having her around you? It happened that way. She cried, cried, cried for a long time. And I sat here on the couch. And I sat here and she was crying in the room. When I went there, her mouth was purple from crying. Then I thought, 'I have to hold her, she's my daughter.' I took her, I nursed her, but not wanting, you know. Not wanting to hold her, to breastfeeding her. I started to cry, I cried a lot. [...] It's been not long that I became used to her, accepted, to say: 'She is my daughter'. [...] Now everything's fine with me. I cannot stay away from her. (E17)

Adolescent mothers also report father involvement as an aspect of child development. They point out difficulties with the absence or little participation of the father both in the daily care of the child and in the financial aid.

His father does not work, he is also underage. But, my family and I take care of him, we don't need financial help from the father. So I think if they had to give financial help, help us, they should have started, because they [the father's family] know that it's not easy to take care of a child, his mother [the paternal grandmother of the child] should have started to help, but no. (E2)

The issue related to healthy environments for the child to grow and develop is also pointed out. Unsafe environments, particularly linked to social violence, are worrying.

Last week my husband and I came to the conclusion that we need to move from here. It's a dangerous place, a friend of ours was killed and we were very upset about it. I fear for my daughter. Growing up in such an environment, you know, I think it wouldn't be good to her, she needs to live in a safer, quieter place. (E17)

DISCUSSION

In the maternal reports, we apprehend aspects related to care, with emphasis on the recognition of some child needs and vulnerable daily life situations. The adolescent mothers participating in the study have a broader view of the child needs, addressing issues related to physical, emotional, and social needs.

Aspects related to the supply of child growth and development needs can be apprehended when considering maternal perspectives on child health care⁽²⁾. With regard to child needs, it should be pointed out that the presence and involvement of parents in daily care, constant vigilance, physical and emotional protection, as well as experiences that stimulate the child development appear as facilitating elements to promote child safety⁽²⁾.

The lack of support or the small support of the child's father is a reality experienced by a significant portion of the adolescents who become mothers^(11,17). In this study it was evidenced that the adolescents recognize the importance of the father figure to the child and design ways to compensate for this absence, such as redoubled the attention and affection offered to the child.

The day care center is seen as a support for the adolescent mother who can return to work and/or study. Regarding child development, the day care center becomes a relevant institution in the context of learning and the acquisition of skills for social coexistence, recognized as an element of support to families in child care^(2,18).

The universe that involves the care of a new being requires the incorporation of changes in the parents' routine, especially of sleep and rest to meet the needs and demands of the infants (breastfeeding without set times, crying, pains, diaper change, among others)⁽⁸⁾. The narratives of the adolescent mothers indicate difficulties experienced in the daily care of the child, which points to the need for maternal acceptance⁽⁹⁾. Because of this, child care is envisaged by adolescents "as a search for overcoming and affirmation of the mother condition"⁽⁹⁾.

During the reports of adolescent mothers, there are situations that present a vulnerable daily life, particularly related to interactions, showing gaps in care. For that matter, among the vulnerability factors of children, a study points out factors related to family dynamics and to dwelling⁽⁴⁾. Situations of children in unfavorable environments, exposed to different types of negligence, with prolonged, uninterrupted or repetitive stress, lead to deregulation in the neuroendocrine system, which causes damage to the body and development, called 'toxic' stress⁽¹⁹⁻²⁰⁾.

Regarding the difficulties presented in breastfeeding, the perception of low milk was an aspect strongly reported by adolescent mothers⁽²¹⁾, which appears as a barrier to the success of breastfeeding. In this context, the attitudes and the ways of interaction of the healthcare professionals towards women need to be rethought, seeking to understand the singularities of each woman regarding breastfeeding, the creation of bond from prenatal and the preparation for breastfeeding, as well as the exchange of experiences and knowledge for shared decisions⁽²²⁾.

The introduction stage of complementary feeding is critical, with damages to children's health in case

of early or inadequate inclusion of food⁽²³⁾. Considering that the family plays a decisive role in the formation of a pattern of eating behavior, it is also important to emphasize that healthcare professionals should guide both caregivers regarding appropriate complementary feeding practices and government actions, with the aim of defending the infant health and to optimize the growth and development of children under two years⁽²³⁾.

When faced with feelings of rejection towards the daughter, the adolescent mother suffers because she cannot meet the socially constructed maternal ideal, in which motherhood is denoted as synonymous with love and affection⁽²⁴⁾. These aspects suggest that a certain amount of time was necessary for the adolescent to accept the child, and the child could assume a central role in her life.

To deal with difficulties, mothers mentioned the importance of having the support of others in care. In daily child care, the family emerges as an important source of support, highlighting the role played by the maternal grandmother of the child, an aspect also found in other studies^(8,11).

It was evidenced that when the father and the paternal family collaborated in an incipient way in the infant care, there is a burden of the adolescent mother and the maternal family, which look for resources to fill the affective and/or financial lack caused by the absence or little paternal participation in the daily care of the child. Therefore, the role of the family, which collaborates in various ways to satisfy needs and protection for the child and support for the adolescent mother/father, is highlighted.

In face of situations of vulnerability, nursing, by appropriating the conception of social support as a protection factor of the mother and child, contributes to the construction of comprehensive care, further enhancing the living conditions of the adolescent who experiences maternity⁽¹¹⁾.

This study points out that the guidelines provided by healthcare professionals help adolescent mothers in the performance of their child care⁽¹⁷⁾. Thus, the implementation of educational practices, with respect to the singularities of each mother and facilities for learning, help in overcoming fears and establish greater security for the child care⁽²⁵⁾. Also, we highlight that health education, which helps the mother to build and expand her maternal abilities, is fundamental to the socialization of human care⁽²⁵⁾.

For the development of a child health care, through their health education actions the nurses should seek to guide mothers not only in the correct way of care but also in aspects to be emphasized in daily care⁽⁸⁾. In health, professionals need to be close to mothers and families, seeking actions to reduce vulnerability situations and to support them in building knowledge and skills for protective care.

Thus, the results of this study suggest that the adolescent mother's potentialities are more evident when they are encouraged, allowed thus to demonstrate coping capacity and overcoming vulnerabilities, and to establish affective bonds with the child.

FINAL REMARKS

Maternal care in adolescence is a unique experience, and the presence of a support network that provides greater confidence and readiness for care that promotes child development is extremely important.

This study reaffirmed the importance of maternal reports on the health care of children, which makes it possible to identify elements relevant to the assistance of infant health, to be explored more by healthcare professionals, especially nursing. Interventions in the face of weaknesses, coping with vulnerabilities, and the offer of support favor an increase in maternal trust.

It should be emphasized that maternal care during adolescence is the object of a broad study, and it is relevant to expand it to other research, considering the observation of care and professional practices, in different scenarios.

Acknowledgments

To the National Council of Science and Technology and the Foundation for Research Support of the State of São Paulo.

REFERENCES

1. Andrade RD, Santos JS, Pina JC, Silva MAI, Mello DF. A puericultura como momento de defesa do direito à saúde da criança. *Cienc Cuid Saude*. 2013;12(4):719-27.
2. Mello DF, Henrique NCP, Pancieri L, Veríssimo MLOR, Tonete VLP, Malone M. A segurança da criança na perspectiva das necessidades essenciais. *Rev Lat Am Enfermagem*. 2014;22(4):604-10.
3. Brazelton TB, Greenspan SI. As necessidades essenciais das crianças: o que toda criança precisa para crescer, aprender e se desenvolver. Porto Alegre: Artmed; 2002. 213p.
4. Sierra VM, Mesquita WA. Vulnerabilidades e fatores de risco na vida de crianças e adolescentes. *Sao Paulo Perspect*. 2006;20(1):148-55.
5. Buendgens BB, Zampieri MFM. A adolescente grávida na percepção de médicos e enfermeiros da atenção básica. *Esc Anna Nery*. 2012;16(1):64-72.
6. Silva MAI, Mello FCM, Mello DF, Ferriani MGC, Sampaio JMC, Oliveira WA. Vulnerabilidade na saúde do adolescente: questões contemporâneas. *Cien Saude Colet*. 2014;19(2):619-27.
7. Araujo NB, Mandú ENT. Construção social de sentidos sobre a gravidez-maternidade entre adolescentes. *Texto Contexto Enferm*. 2015;24(4):1139-47.
8. Merino MFGL, Zani AV, Teston EF, Marques FRB, Marcon SS. As dificuldades da maternidade e o apoio familiar sob o olhar da mãe adolescente. *Cienc Cuid Saude*. 2013;12(4):670-8.
9. Mesquita ALP, Fontes BFS, Oliveira Filho HB, Lopes LGF, Gonçalves MT, Moreira SRG, et al. Trajetórias de mulheres que vivenciaram a gravidez/maternidade na adolescência. *Mental*. 2011;9(16):443-89.
10. Halonen M, Apter D. [Multiple challenges of teenage pregnancy and maternity]. *Duodecim*. 2010;126(8):881-7. Finnish.
11. Braga IF, Oliveira WA, Spanó AMN, Nunes MR, Silva MAI. Percepções de adolescentes sobre o apoio social na maternidade no contexto da atenção primária. *Esc Anna Nery* 2014;18(3):448-55.
12. Rodrigues FRA, Rodrigues DP, Silva LMS, Jorge MSB, Vasconcelos LDPG. Ser mãe adolescente: representações de puérperas adolescentes a partir da técnica do desenho-estória. *Rev Min Enferm*. 2010;14(3):308-15.
13. Dahmen B, Firk C, Konrad K, Herpertz-Dahlmann B. [Adolescent parenting developmental risks for the mother-child dyad]. *Z Kinder Jugendpsychiatr Psychother*. 2013;41(6):407-17. German.
14. Jahromi LB, Guimond AB, Umaña-Taylor AJ, Updegraff KA, Toomey RB. Family context, Mexican-origin adolescent mothers' parenting knowledge, and children's subsequent developmental outcomes. *Child Dev*. 2014;85(2):593-609.
15. Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol*. 2006;3(2):77-101.
16. Fontanella BJB, Luchesi BM, Saidel MGB, Ricas J, Turato ER, Melo DG. Amostragem em pesquisas qualitativas: proposta de procedimentos para constatar saturação teórica. *Cad Saude Publica*. 2011;27(2):389-94.

17. Di Stefano D, Moccasin AS, Fabbro MRC, Hirakawa HS, Accierini LH, Honorato J, et al. Caracterização das condições sociais e de saúde de mães adolescentes no primeiro ano pós-parto em um município do estado de São Paulo. *Rev Baiana Saude Publica*. 2011;35(4):795-812.
18. Dezoti AP, Alexandre AMC, Tallmann VAB, Maftum MA, Mazza VA. Rede social de apoio ao desenvolvimento infantil segundo a equipe de saúde da família. *Esc Anna Nery*. 2013;17(4):721-9.
19. Franklin TB, Saab BJ, Mansuy IM. Neural mechanisms of stress resilience and vulnerability. *Neuron*. 2012;75(5):747-61.
20. Sheridan MA, How J, Araujo M, Schamberg MA, Nelson CA. What are the links between maternal social status, hippocampal function, and HPA axis function in children? *Dev Sci*. 2013;16(5):665-75.
21. Clapis CV, Fabbro MRC, Beretta MIR. A prática da amamentação de mães adolescentes nos primeiros seis meses de vida do filho. *Cienc Cuid Saude*. 2013;12(4):704-10.
22. Souza SNDH, Mello DF, Ayres JRCM. O aleitamento materno na perspectiva da vulnerabilidade programática e do cuidado. *Cad Saude Publica*. 2013;29(6):1186-94.
23. Dias MCAP, Freire LMS, Franceschini SCC. Recomendações para alimentação complementar de crianças menores de dois anos. *Rev Nutr*. 2010;23(3):475-86.
24. Resta DG, Marqui ABT, Colomé ICS, Jahn AC, Eisen C, Hesler LZ, et al. Maternidade na adolescência: significados e implicações. *Rev Min Enferm*. 2010;14(1):68-74.
25. Souza Carvalhêdo D, Monteiro Lotufo F, Rodrigues da Silva Barbosa MA, Munhoz Gaíva MA, Lisboa SR. Vivencias y significados del primer baño dado por la puérpera a su hijo recién nacido. *Enferm Glob*. 2010;(19):1-15.